



SUPPLEMENTAL "LARGE CONTRIBUTION" REPORT  
BY A CANDIDATE'S COMMITTEE  
(\$1,000 CONTRIBUTIONS OR MORE)

State Form 48492 (R3/11-05)  
Indiana Election Commission (IC 3-9-5-20.1; 3-9-5-22)

(CFA-11)

FILE NUMBER

INSTRUCTIONS: Only candidates receiving a "large contribution" are required to file this report. Please type or print legibly IN BLACK INK all information on this form. For assistance in completing this form, see instructions on the reverse side.

TOTAL PAGES IN ENTIRE CFA-11  
REPORT

COMMITTEE INFORMATION

1. Full Name of Candidate (include any nickname) <input type="checkbox"/> Check if this is a new name <u>SCOTT A. BALDWIN</u>			2. Committee Telephone Number <u>(317) 590-7546</u>	
3. Mailing Address (address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <u>16095 PROSPERITY DR. - SUITE 600</u>				
4. City <u>NOBLESVILLE</u>	State <u>IN</u>	ZIP Code <u>46060</u>	5. Party Affiliation or If Independent Candidate <u>REPUBLICAN</u>	
6. Office Sought (include district number, if any. Not required for exploratory committee.) <u>HAMILTON COUNTY SHERIFF</u>			7. County of Residence <u>HAMILTON</u>	
8. Reporting Period: From: <u>4/10/10</u> Through: <u>5/2/10</u>				

For classification, enter INDV for individual; PAC for political action committee; CORP for corporation; LAB for labor organization; NONE for all entries which are not one of the above categories.

CONTRIBUTOR'S FULL NAME AND OCCUPATION FULL MAILING ADDRESS (street, number, city, state, ZIP code)		TYPE OF CONTRIBUTION OR OTHER RECEIPT	COLUMN A AMOUNT OF CONTRIBUTION	DATE RECEIVED RECEIVED BY
Classification <u>NONE</u>	1. <u>STEVE DILLINGER ELECTION COMMITTEE</u> <u>P.O. BOX 1988</u> <u>NOBLESVILLE, IN 46061</u> Contributor's Occupation (if applicable) _____	Contributions: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____	<u>1072.50</u>	<u>4/29/10</u> <u>TREASURER</u>
Classification <u>2.</u>	Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		
Classification <u>3.</u>	Contributor's Occupation (if applicable) _____	Contributions: <input type="checkbox"/> Direct <input type="checkbox"/> In-Kind (describe) _____ Other Receipts: <input type="checkbox"/> Interest <input type="checkbox"/> Loan <input type="checkbox"/> Misc (specify) _____		

CERTIFICATION

I CERTIFY THAT I HAVE EXAMINED THIS STATEMENT. TO THE BEST OF MY KNOWLEDGE AND BELIEF IT IS

Title <u>TREASURER</u>	Date (MM-DD-YY) <u>4/30/10</u>
	Date (MM-DD-YY) <u>4/30/10</u>

be copied for sale or used for any commercial purpose (IC 3-9-4-5) A  
ass D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate  
mmits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil

penalties. (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18)

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